Only

## STATEMENT OF

PAGE 1 / 6 =

FEC FORM 1		ORGA				Office Use Only	
1. NAME OF COMMITTEE (ir	n full)	(Check if is change		Example: If typing, type over the lines.	12FE4M5		
		is change	u)	over the lines.			
DAKOTA P	AC						
ADDRESS (number a	nd atract)	PO BOX 3206					
(Check if	•						
is changed		BISMARCK			ND 5	88502	Ш
		CITY ▲			STATE ▲	ZIP CODE ▲	
COMMITTEE'S E-MA	AIL ADDRE	ESS					
(Check if a is changed		COMPLIANCE	@COMPL	IANCECONSULTING	GVA.COM		, 1
is changed	<i>1)</i>	Optional Second I	F-Mail Addre	255			
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (URL)					
2. DATE 0							
3. FEC IDENTIFIC	CATION N	UMBER ▶	C coo	493072			
4. IS THIS STATEM	MENT	NEW (N)	OR	AMENDED (A)	)		
I certify that I have e	examined t	his Statement and to	the best of	my knowledge and belie	ef it is true, correct a	nd complete.	
Type or Print Name	of Treasure	HOBBS, CABELL	, , ,				
Signature of Treasure	er <i>HOB</i>	BS, CABELL, , ,		[Electronically Filed]	Date 04	28 2017	Y
NOTE: Submission of	false, erron			ay subject the person signi		ne penalties of 2 U.S.C. §4	.37g.
Office Use				For further informatic Federal Election Comn Toll Free 800-424-9530	nission	FEC FORM 1 (Revised 06/2012)	

Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	ne of ididate		
	didate ty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	I I	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	progeted fund or party
(f)	×	committee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	d 02/2009)	Page <b>3</b>
Write or Type Committee Nar		
DAKOTA PAC		
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Hoeven, John, , ,	· - · g · · · · · · · · · · · · · · · ·	
	<u>                                      </u>	
Mailing Address	PO BOX 3206	
	BISMARCK ND 585	02
	CITY STATE	ZIP CODE
	- JAIL	ZII CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. <b>Custodian of Records:</b> Id books and records.	dentify by name, address (phone number optional) and position of the person in	n possession of committee
	e, Carol, , ,	
Full Name	,PO Box 3206	
Mailing Address		
	Bismarck ND 585	02
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
3. <b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and th	e name and address of
Full Name HOBBS,	, CABELL, , ,	
of Treasurer		
Mailing Address	PO Box 3206	
	BISMARCK ND 585	02
Title or Decition	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number =	-  , ,  -  , , .
•		

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Full Name of Designated Agent	Nitschke, Carol, , ,	
Mailing Address	PO BOX 3206	
	BISMARCK ND 58502  CITY STATE ZI	P CODE
Title or Position ASSISTANT TRE	EASURER Telephone number	
	xes or maintains funds. Depository, etc.	
Name of Bank, D  Mailing Address		
Name of Bank, D	Depository, etc.	
Name of Bank, D	Depository, etc.	
Name of Bank, D	Pepository, etc.  EAGLE BANK  2001 K ST NW  WASHINGTON  DC 20006	IP CODE
Name of Bank, D	Depository, etc.  EAGLE BANK  2001 K ST NW  WASHINGTON  CITY  STATE  ZI	IP CODE
Name of Bank, D Mailing Address	Depository, etc.  EAGLE BANK  2001 K ST NW  WASHINGTON  CITY  STATE  ZI	IP CODE
Name of Bank, D Mailing Address	Depository, etc.  EAGLE BANK  2001 K ST NW  WASHINGTON  CITY  STATE  ZI  Depository, etc.	IP CODE
Name of Bank, D  Mailing Address  Name of Bank, D	Depository, etc.  EAGLE BANK  2001 K ST NW  WASHINGTON  CITY  STATE  ZI  Depository, etc.	IP CODE
Name of Bank, D  Mailing Address  Name of Bank, D	Depository, etc.  EAGLE BANK  2001 K ST NW  WASHINGTON  CITY  STATE  ZI  Depository, etc.	IP CODE

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor FRIENDS OF JOHN HOEVEN PO BOX 3206 Mailing Address 58502 **BISMARCK** ND **CITY** STATE 4 ZIP CODE Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NCF-DAKOTA 2017 COMMITTEE 228 S WASHINGTON ST STE 115 Mailing Address **ALEXANDRIA** 22314 **CITY** STATE 4 ZIP CODE Relationship: X Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number